



Network to Advance State Attendance Policy and Practice





Role of NASAPP

The **Network to Advance State Attendance Policy and Practice** (NASAPP) is a forum for colleagues interested in advancing state-level policy and practice to improve student attendance and reduce chronic absence. It offers participants the opportunity to:

- ❖ **Learn** and exchange ideas across states
- ❖ **Discuss** effective and promising approaches for advancing state attendance policy and practice
- ❖ **Provide feedback** to Attendance Works and other state and national partners on forthcoming policy briefs and state resources

Agenda

1. Pandemic's Lingering Impact on School Vaccination: Opportunities for Student Health and Attendance Optimization

❖ *Kathleen Holmes, MPH, Let's RISE Coordinator,
Immunization Services Division, CDC*

2. Policy Brief

❖ *Hedy Chang, Executive Director, Attendance Works*



Introductions

Share in Chat...

- ✓ **Your name**
- ✓ **State/Agency/Role**
- ✓ **What do you bring to the work of attendance?**



COVID-19 Pandemic's Lingering Impact on School Vaccination: Opportunities for Student Health and Attendance Optimization

Kathleen Holmes, MPH
Let's RISE Coordinator
Immunization Services Division

May, 2024

Steady decline in vaccination coverage among kindergarteners during the pandemic

Estimated vaccination coverage among kindergartners by vaccine— United States, 2019–20, 2020–21, 2021–22, and 2022–23 school years

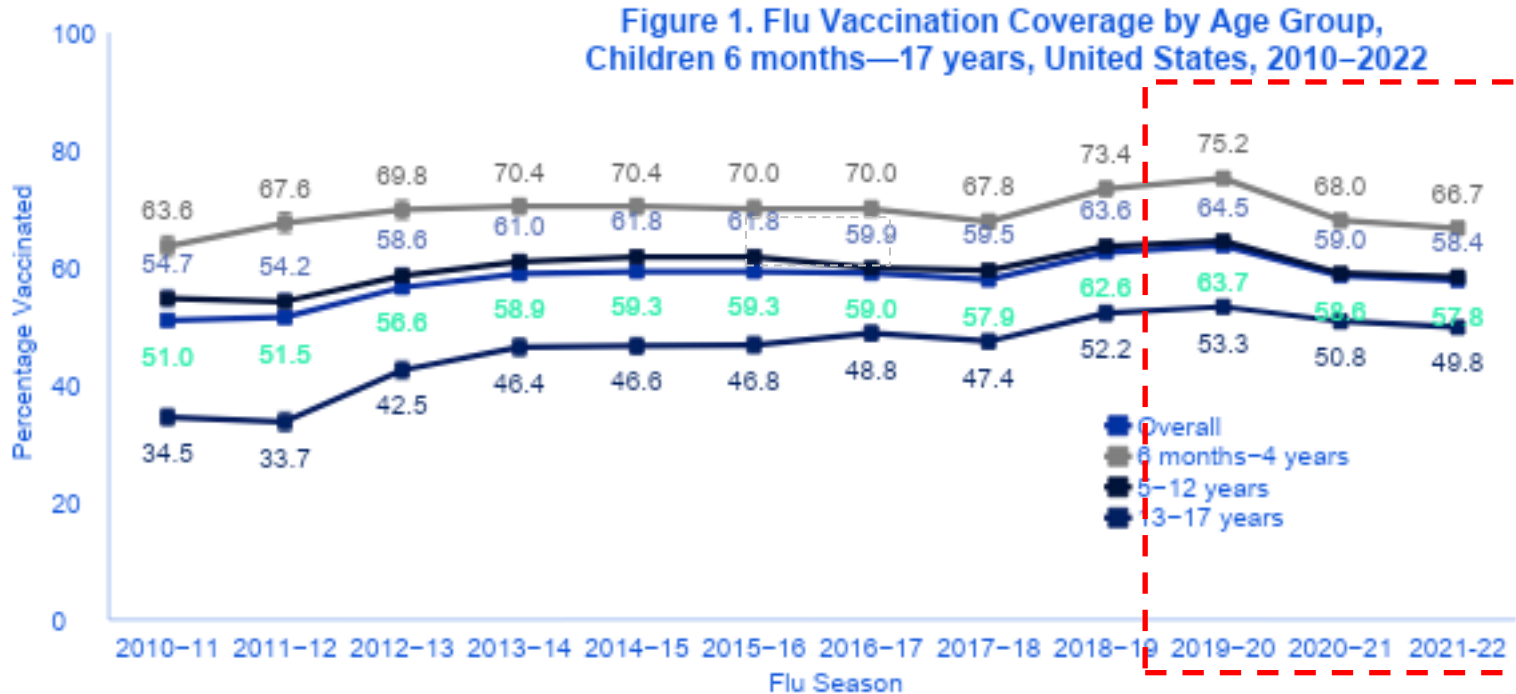
Kindergarten Coverage	2019–20 (pre-pandemic)	2020–21 (pandemic)	2021–22 (pandemic)	2022–23 (pandemic)
MMR	95.2%	93.9%	93.0%	93.1%
DTaP	94.9%	93.6%	92.7%	92.7%
Polio	95.0%	93.9%	93.1%	93.1%
Varicella (UTD)	94.8%	93.6%	92.8%	92.9%

2% drop in Kindergarten vaccination coverage since the start of the pandemic



725,000 children, who entered kindergarten during the pandemic, are susceptible to vaccine preventable disease

Childhood flu vaccination coverage also dropped during the COVID-19 pandemic, NIS-Flu 2010-2022



Lingering pandemic effects on kindergarten vaccination

- **Decrease in reported kindergarten enrollment compared to 2019–20 school year**

- Decrease of 10% (~400,000 students) in 2020–2021
- Decrease of 4.7% (~190,000) students) in 2021–2022
- Decrease of 4.8% (~193,000) students) in 2022–2023

- **Increase in grace period/provisional enrollment**

- 1.6% in 2019–2020 school year
- 2.0% in 2020–2021
- 2.4% in 2021–2022
- 2.5% in 2022–2023

- **Increase in exemption rates compared to 2019–20 school year**

- 2.5% in 2019–2020 school year
- 2.2% in 2020–2021
- 2.6% in 2021–2022
- **3.0% in 2022–2023**



Drops in vaccination coverage put children at greater risk for illness, including serious illness and hospitalization



Distributed via the CDC Health Alert Network
March 18, 2024, 12:30 PM ET
CDCHAN-00504

Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

[Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination \(cdc.gov\)](#)



A 30-fold rise of measles cases in 2023 in the WHO European Region warrants urgent action

Français Русский Deutsch



14 December 2023 | News release | Reading time: 2 min (675 words)

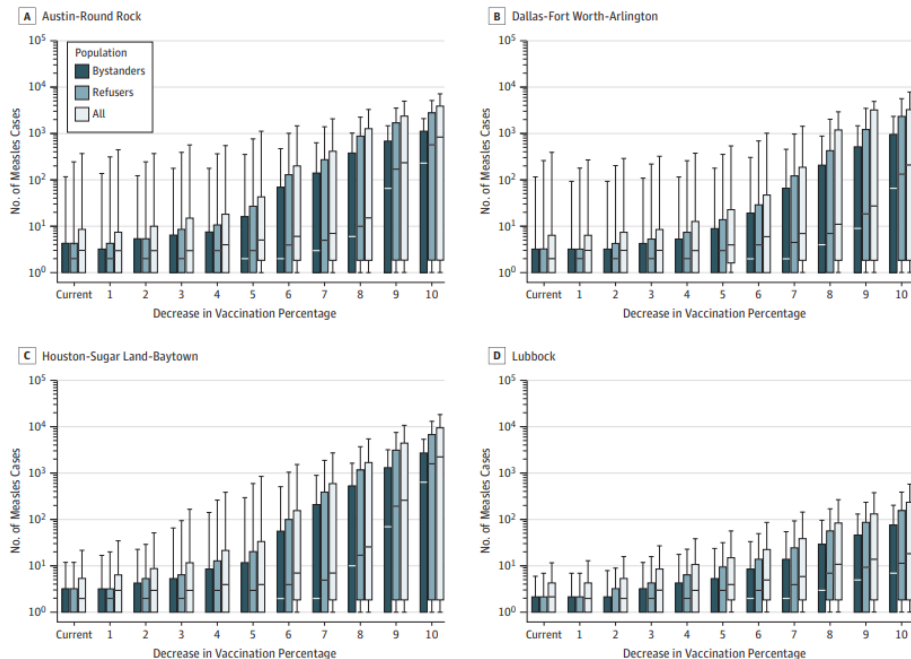
[A 30-fold rise of measles cases in 2023 in the WHO European Region warrants urgent action](#)

Drops in vaccine coverage put schools at risk for exponentially larger disease outbreaks

JAMA Network Open | Infectious Diseases

Vaccination Exemptions and Forecasted Size of Measles Outbreaks

Figure 1. Forecasted Number of Cases From a Single Introduction of Measles



- Schools provide environments in which measles can easily spread
- 5% decrease in vaccination rate was associated with a 40% to 4,000% increase in potential outbreak size
- 5% decrease in vaccination rates has been estimated to cause a tripling of measles cases in children 2 to 11 years old

**Routine vaccinations are a great tool to
keep kids healthy, in school, and ready to
learn**

Vaccinations optimize student health

- **Provide immunity and prevent disease outbreaks from beginning**
- **Reduce the spread of disease in school thereby reducing the:**
 - Number of students and teachers that get sick and are absent
 - Probability of an unplanned school closure due to illness
- **Reduce duration of disease and thereby number of school days missed due to poor health**

Research shows vaccination decreases absenteeism in schools

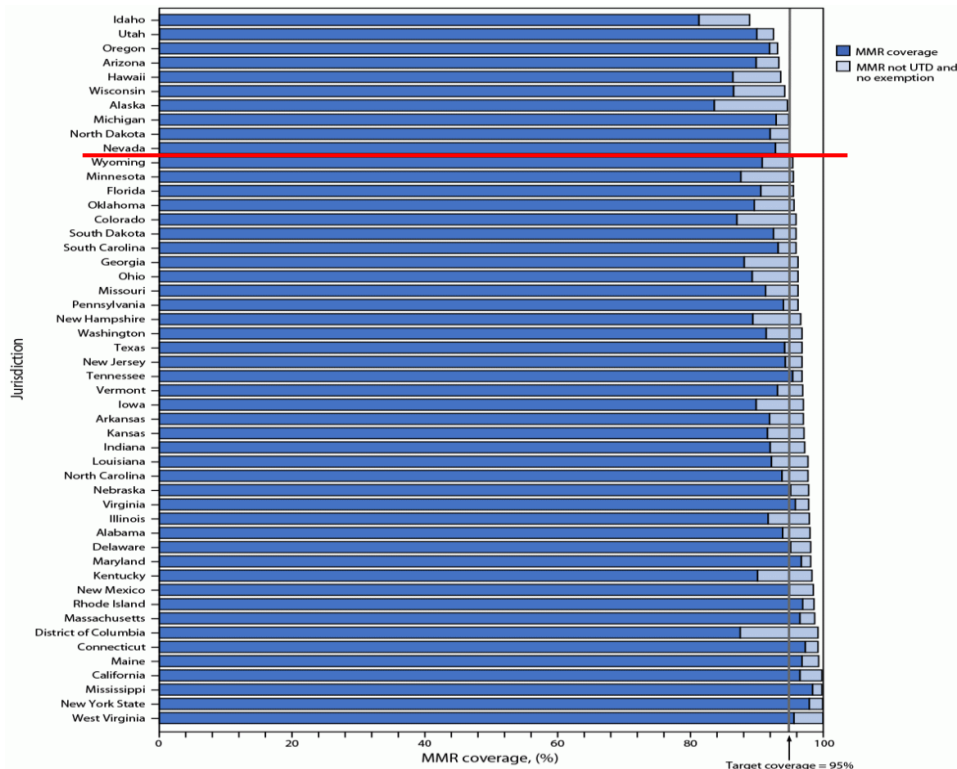
TABLE 1. Summary of Studies Evaluating the Effect of School-Located Influenza Vaccination Programs on Student Absenteeism

Study	Geographic Scope of Vaccination Program (Number of Vaccinated Students)	Influenza Season (Estimated National Severity ^a)	Vaccination Rate (Vaccine Used)	Absenteeism Results			
				Schools With Vaccination Programs Versus Control Schools		Vaccinated Versus Unvaccinated Children	
				Absolute Difference ^b	Relative Difference ^b	Absolute Difference ^b	Relative Difference ^b
Monto et al. (1970)	All schools in 1 town (N = 3159)	1968–1969 (Pandemic)	86% (TIV)	16% absent in control schools vs 8% in intervention schools during peak influenza week	Estimated 50% reduction in absenteeism during peak influenza week	ND	ND
King et al (2005)	1 elementary school (N = 185)	2003–2004 (Severe)	40% (LAIV)	3.6 fewer parent-reported ILI absences per 100 students ($p = .023$) during the peak influenza week; no difference in total absenteeism during the 5-week influenza period	47% reduction in parent-reported ILI absences during the peak influenza week	1.7% decrease in the absenteeism rate during the 5-week influenza period ($p = .045$)	66% reduction in the increase in absenteeism during the 5-week influenza period
King et al. (2006)	11 elementary schools (N = 2717)	2004–2005 (Moderate)	47% (LAIV)	2.4 fewer parent-reported ILI absences per 100 students ($p < .0001$) during the peak influenza week; no difference in total absenteeism during the 9- to 11-week influenza period	38% reduction in parent-reported ILI absences during the peak influenza week	0.8% decrease in the absenteeism rate during the 9- to 11-week influenza period ($p = .006$)	35% reduction in the increase in absenteeism during the 9- to 11-week influenza period
Wiggs-Stayner et al. (2006)	2 elementary schools (N = 277)	2004–2005 (Moderate)	47% (LAIV)	1.4% reduction in full-year absenteeism rate ($p < .001$)	26% reduction in full-year absenteeism rate	ND	ND
Davis et al. (2008)	21 elementary schools, entire county (N = 5,319)	2005–2006 (Moderate)	44% (LAIV)	1.18% decrease in the absenteeism rate during the 12-week influenza period ($p = .029$)	66% reduction in the increase in absenteeism during the 12-week influenza period	ND	ND
Cook (2009)	2 elementary schools (N = 391)	2007–2008 (Moderate)	58% (LAIV with TIV for those unable to receive LAIV)	1.77% decrease in mean daily absenteeism rate during the influenza season ($p < .001$)	21% reduction in absenteeism during the influenza season	ND	ND
Mears et al (2009)	1 high school (N = 127)	2006–2007 (Mild)	35% (LAIV with TIV for those unable to receive LAIV)	ND	ND	2.5-day reduction in mean absenteeism from January to June among LAIV recipients vs unvaccinated ($p = .027$)	31% reduction in mean absenteeism from January through June among LAIV recipients

- 2.4 to 3.6 fewer ILI reported absences per 100 students (regardless of vax status) during peak flu week
- In a large school district of 100,000 kids that is 2,400–3,600 less absences during peak flu week
- 21%–66% relative reduction in absences among vaccinated students during flu season

Most states can achieve at least 95% MMR vaccine coverage among kindergartners

Potentially achievable coverage*,†,§ with measles, mumps, and rubella vaccine among kindergartners, by jurisdiction — United States, 2022–23 school year



Nationwide, 3.9% of kindergarten students were not fully vaccinated and not exempt.

- 10 states reported that >5% of kindergartners were exempt
- **All but these 10 states could potentially achieve ≥95% MMR coverage if all nonexempt, not up-to-date children were vaccinated**, compared with all but four states during the 2021–22 school year

Abbreviations: MMR = measles, mumps, and rubella vaccine; UTD = up to date.

* Jurisdictions are ranked from lowest to highest potentially achievable coverage. Potentially achievable coverage is estimated as the sum of the percentage of students with UTD MMR and the percentage of students without UTD MMR and without a documented vaccine exemption. Montana did not report kindergarten vaccination coverage for the 2021–22 and 2022–23 school years and is excluded from this analysis.

† The exemptions used to calculate the potential increase in MMR coverage for Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Idaho, Illinois, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New York, North Carolina, Oklahoma, Oregon, Rhode Island, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming are the number of children with exemptions specifically for MMR. For all other jurisdictions, numbers are based on an exemption for any vaccine.

§ Potentially achievable coverage in Alaska, Arizona, Hawaii, Idaho, Michigan, Nevada, North Dakota, Oregon, Utah, and Wisconsin is <95%.

Routine Immunizations on Schedule for Everyone (RISE)



Understand the size, scope and cause of declines in routine vaccinations resulting from COVID-19 pandemic

Devise an evidence-based strategy and operational plan to better direct CDC routine vaccination catch-up activities

Equip partners with evidence-based strategies and resources to get vaccination back on schedule

Share data and insights on trends in routine vaccination rates to find and protect communities that have fallen behind on vaccinations

<https://www.cdc.gov/vaccines/partners/routine-immunizations-lets-rise.html>

Getting routine immunizations back on-track is a goal that we can achieve by working together



Health Departments

- Leverage IIS to identify individuals behind on their vaccinations
- Facilitate patient return for vaccination
- Make vaccines easy to find and access
- Give strong vaccine recommendations
- Disseminate vaccine-related communications around catch-up
- Partner with schools and community organizations

Health Care Professional

- Send reminders to families whose children are behind on or due for vaccination
- Improve vaccine-related communications
- Offer vaccination-only appointments or hold vaccination clinics
- Implement systems to review vaccine history at every visit
- Offer strong recommendations
- Have standing orders
- Be prepared to answer questions and address concerns

Other Partners

- Know where to find accurate information on routine vaccination
- Connect with local public health department, ask how you can help with catch-up
- Help carry messages about importance of catch-up; you are trusted sources who understand your community best
- Engage with community members to address vaccine hesitancy
- Leverage data to focus catch-up efforts on communities that have fallen behind on vaccinations

Schools

- Share and utilize school vaccination data for catch-up
- Include vaccination information in back-to-school communications
- Help share the facts about vaccines
- Send reminders to families whose children are not up to date on their vaccinations
- Expand access to immunization services (e.g. school-based vaccination clinics)
- Enforce school vaccination requirements

CDC's taking action to get school children caught up with routine immunizations for the 2024/25 school year

- Call to action
- Partner toolkits
- Jurisdiction kindergarten vaccination coverage reports for immunization programs
- Back to school communication campaign
- Rapid surveys – parent attitudes and school messaging around recommended (not required) vaccines

Ways schools can encourage routine vaccinations

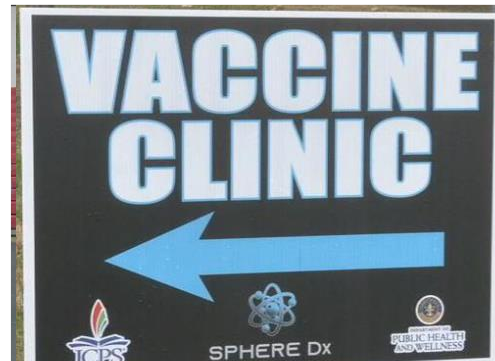
- Remind families about school vaccination requirements
- Help share the facts
- Identify and notify families whose children are behind on immunizations
- Expand access to immunization services for students
- Share and utilize data for action

Jurisdiction spotlights: Kentucky

Public health and school professionals join forces to get vaccines to students and their families

During the 2022-'23 and 2023-'24 school years:

- >12,000 MMR vaccines have been administered to nearly 5,000 students and their family members via 191 vaccination events
- Kindergarten MMR series completion in Jefferson county rose by 5% during 2022-'23 school year



For Immunization Partners

CDC | Immunization Partners Home

Immunization Partners Home

Vaccinate with Confidence

Routine Immunizations on Schedule for Everyone (RISE)

Resiliency of the US Vaccination System

Partnering for Vaccine Equity

Childhood Immunization Resources

Preteen & Teen Immunization Resources

Adult Immunization Resources

Maternal Immunization Resources


Influenza (Flu) Immunization Resources

Related Links

Vaccines & Immunizations

Routine Immunizations on Schedule for Everyone (RISE)

Print



Let's RISE is a CDC initiative to provide actionable strategies, resources, and data to support getting all Americans back on-schedule with their routine immunizations to protect everyone from vaccine-preventable disease and disability.

Take Action to Get Routine Vaccinations Back On-Schedule


During the COVID-19 pandemic, we saw a concerning drop in routine immunizations for children and adults. Routine vaccination is rebounding but unevenly and has not yet recovered among all groups. Many children and adults that delayed vaccination during the pandemic are still behind schedule. While we continue to investigate the impact of the pandemic on routine immunizations, it is crucial that we take steps to help get everyone back on schedule with their routine immunizations. Children and teens can still catch up on vaccinations even if they start late.

Check out these factsheets for an overview of what CDC data tell us about the state of routine vaccination.

- Let's RISE Infographic
- Childhood Routine Vaccination Factsheet
- Adolescent Routine Vaccination Factsheet

CDC Calls to Action

- Ensure children and adolescents are up to date on their routine childhood vaccinations.
 - Schools and school health partners
 - Healthcare providers
 - Women, Infants and Children (WIC) Staff Resources



Help infants and toddlers start healthy by spreading the word on staying on schedule with recommended routine vaccines.

<https://www.cdc.gov/vaccines/partners/routine-immunizations-lets-rise.html>

Let's RISE resources for education administrators and professionals

Calls To Action

- [CDC-Call-to-Action-schools.pdf](#)

Toolkits

- [Lets RISE School Toolkit.pdf \(phf.org\)](#)
- [Let's RISE Toolkit for Early Care and Education Providers](#)

Ways Schools Can Support Routine Vaccination
Catch-Up Among School-Aged Children:
A TOOLKIT FOR EDUCATIONAL PROFESSIONALS
July 2023



Key Takeaways

- Some groups of children fell behind on routine vaccinations in the aftermath of the COVID-19 pandemic
- It's not too late to protect our communities
- Routine immunization catch-up is a goal we can achieve by working together –policy makers, health departments, health care providers, school leaders, and trusted community messengers.

Remind families about school vaccination requirements

- Make information about vaccination requirements for school entry prominent in back-to-school communications and events
- Display CDC's back-to-school vaccination materials in school or on your school websites and social media channels

Help share the facts

- Provide vaccine information to parents and stress the importance of vaccination including vaccine safety, answers to common concerns, and what to expect from child's vaccine visit.
- Provide parents and guardians with a specific school contact who can address questions and concerns about vaccinations, such as a school nurse
- Equip school administrators and school health services staff with CDC's frequently asked questions on routine immunizations
- Alert school health services staff to common misinformation circulating about routine immunizations and resources on how to address misinformation

Identify and notify families whose children are behind on immunizations

- Collect and maintain documentation of vaccinations and exemptions for all students.
 - If school staff have access to the state's Immunization Information System (IIS), use the IIS to verify students' up-to-date status at enrollment and as part of annual school vaccination assessment activities.
 - If school staff do not have access to the state's Immunization Information System (IIS), have school nurses or other clinical staff verify students' up-to-date status at enrollment and as part of annual school vaccination assessment activities.
- Send reminders to families whose children do not have documentation of required school vaccinations upon school entry and refer under-immunized students to vaccination providers.
- Follow-up with students who are enrolled in a grace period or are provisionally enrolled to ensure all required vaccinations are documented.

Expand access to immunization services for students

- Let eligible families know about free vaccines through [CDC's Vaccines for Children program](#)
- Reach out to [health departments](#), pharmacies, and [Community Health Centers](#) to determine if they can offer community vaccination days or school-located vaccination clinics around the first day of school
- Expand immunization school-based services to children via school-located vaccination event or onsite provision of health services. Check out:
 - CDC resources:
 - [CDC's Guidance for Planning Vaccination Clinics Held at Satellite](#)
 - [SLV information.pdf \(cdc.gov\)](#);
 - [SLV Clinics - Best Practices for School Districts: A Guide for School District Administrators.](#)
 - CMS and DE's [Comprehensive Guide to Medicaid Services and Administrative Claiming](#)

Share and utilize data for action

- Share school vaccination coverage data with health departments, as requested and allowable by state law
- Use school data to prioritize immunization catch-up in schools that have historically low coverage rates and where rates declined the most during the COVID-19 pandemic

Disclaimer

This presentation contains links to non-United States Government websites. We are providing these links because they contain additional information relevant to the topic(s) discussed in this document or that otherwise may be useful to the reader. We cannot attest to the accuracy of information provided on the cited third-party websites or any other linked third-party site. We are providing these links for reference only; linking to a non-United States Government website does not constitute an endorsement by CDC, HHS, or any of their employees.

Thank You

For more information, contact CDC/ATSDR

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov www.atsdr.cdc.gov

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ATSDR

2024 Policy Brief



The brief examined these key questions:

- A. Are states using timely data to publicize how many and which students, schools and districts are affected by chronic absence?**
- B. Are states providing comparable data?**
- C. How do state policies differ with respect to key factors influencing the collection and use of chronic absence data?**
- D. How are states promoting effective approaches to improving attendance?**

Sources of Information

- **We asked each state to review and complete a survey as well as reviewed data on websites for all 50 states plus Washington DC.**

4 STATES DID NOT RESPOND

These tables show the data for states (note: we have sent tables out for final review with corrections due 5/14).



Question A

Are states using timely data to publicize how many and which students, schools and districts are affected by chronic absence?



Timely Data

I. More states are publishing chronic absence data earlier in the school year.

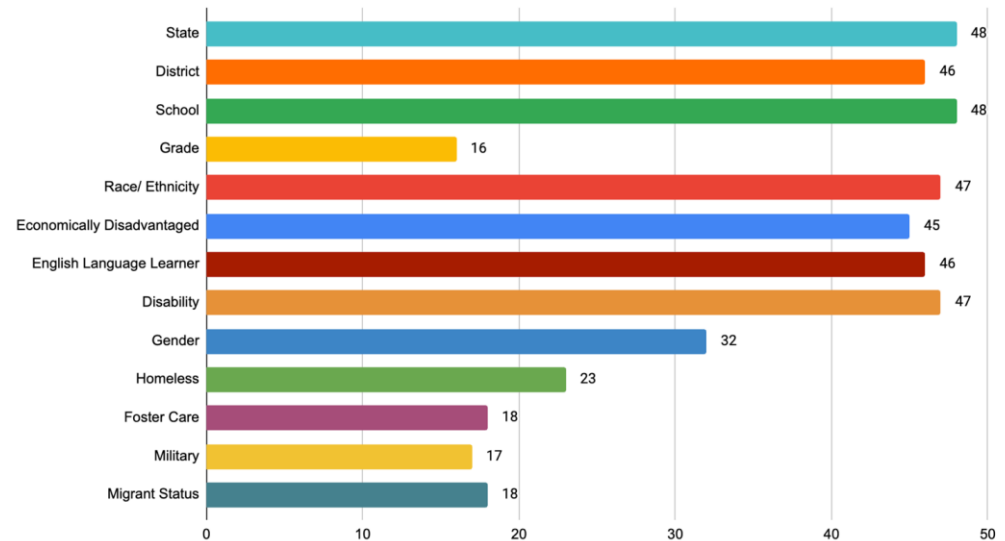
- By early Nov 2023: 22 states
- By early January 2024: 11 more states + DC
- By end of March 2024: 9 more states
- Real-time public dashboard in RI and CT



Disaggregated Data

2. Chronic absence data is most often available by district, school and student populations, **but not by grade.**

Figure 1. Disaggregated chronic absence data available state websites in SY 2023-24



Any questions or concerns?

What has helped to make data more timely in your states?

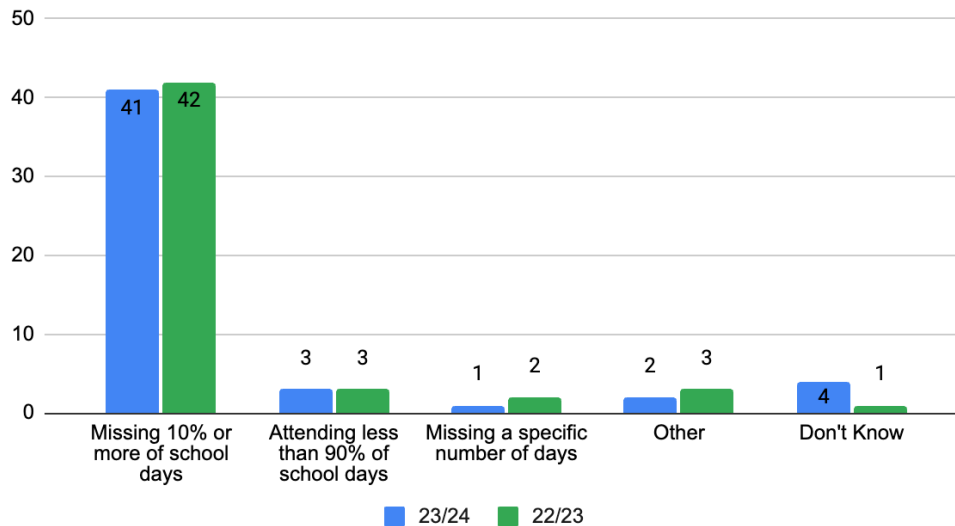
What would help you make data available by grade level?

Question B

Are states providing comparable data?

1. The vast majority of states continue to define chronic absence as missing 10% of school for any reason.

Figure 4. State Definition of Chronic Absence



2. Most, but not all, states include all absences when calculating chronic absence.

3. States continue to use widely varying definitions of a day of attendance.

Figure 2. State definition of a day of attendance for in person learning

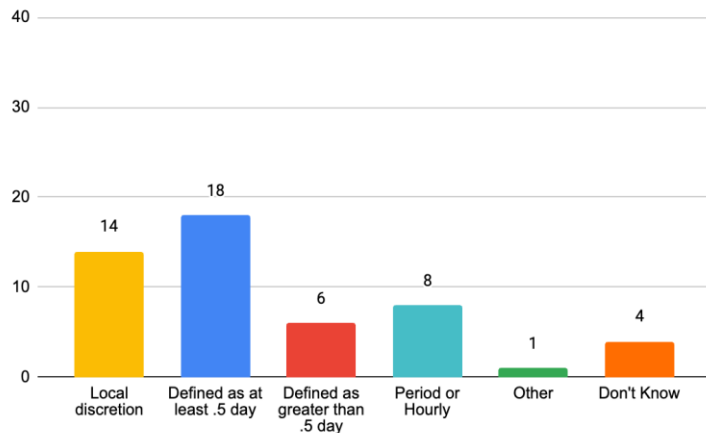
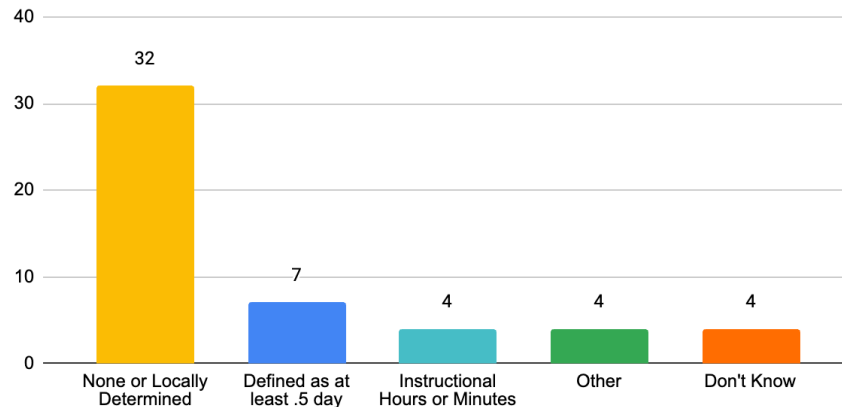
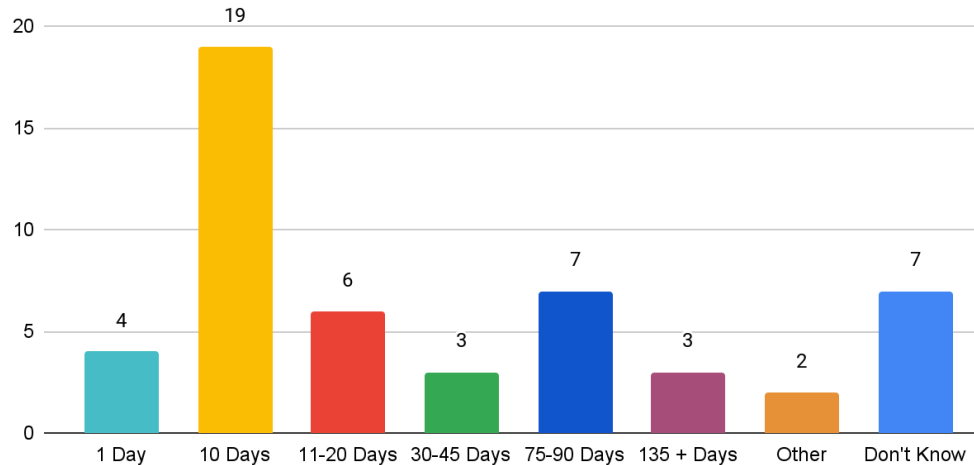


Figure 3. State definition of a day of attendance for distance learning



4. States have widely varying enrollment policies and practices.

Figure 5. Number of days enrolled to be included in chronic absence calculation



Only a few states (CT, KY, NM) require outreach before disenrollment.

Appendix L in the CT systems information guide.

When the whereabouts of the student are known:

1. If it has been confirmed by the district that the child is no longer residing in the district, then the district must unregister the child with the appropriate exit code. Proper evidentiary documentation must be maintained at the district to affirm that the child is no longer residing in the district. Examples of such documentation include formal notification by the parent or a formal request for records from the child's new school district.
2. If it has been confirmed by the district that the child is still residing in the district but not attending school then the district must implement its due process procedures and practices to get the child to start attending school. These steps include but are not limited to sending mail to the student's last known address, home visitation by a school official, referral to community agencies (e.g., Youth Service Bureau, Child Guidance Clinics) filing a referral of educational neglect with the Department of Children and Families (Form DCFI36), and holding PPTs in compliance with Child Find obligations to see if the child is eligible for special education. Except for as described below with parental permission, or if the child is over 18 years of age (or over 21 years and engaged in special education), the district may not unregister the school-aged child if the child is known to be residing in the district. The school must continue efforts to try to reengage the child to return to school.

Discussion

Any questions or concerns?

**What's worked to ensure comparable data
in your states?**

What's been challenging?

Question C

How do state policies differ with respect to key factors influencing the collection and use of chronic absence data?



Accountability Measure

- I. The majority of states (36 states plus Washington DC) continue to use chronic absence as an accountability measure for school improvement.**



Counting Students for Funding

I. While the majority of states primarily fund based upon average daily membership or student counts, average daily attendance is used in the two largest states.

6	Average Daily Attendance	● CA, KY, ID, MS, MO and TX
23	Average Daily Membership	● AL, AZ, AR, FL, IL, MN, NE, NY, NC, NV, NH, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA and WY
20	Student Counts	● CO, CT, DE, DC, GA, HI, IN, IA, KS, LA, ME, MD, MA, MI, NJ, NM, WA, WV and WI

Discussion

Any questions or concerns?

Question D

How are states promoting effective approaches to improving attendance?



Key Strategies

1. **Invest in real-time data reporting**
2. **Advance a cross-disciplinary team approach**
3. **Offer comprehensive, easy to use, guidance**
4. **Organize state attendance campaigns**
5. **Shift away from ineffective approaches, including suspending students for truancy.**
6. **Monitor excused versus unexcused absences**



Unpacking Suspension Bans

- **Studies show that students who face school suspensions are more likely to experience academic setbacks, repeat grades, or even drop out.**
- **Recognizing suspensions do not help to improve attendance, **| 8** states have enacted laws prohibiting student suspension.**
 - *Arkansas, California, District of Columbia, Florida, Hawaii, Kansas, Maryland, Nevada, New Mexico, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Virginia, Washington, West Virginia, and Wisconsin*

Recommendations



Comparable Data



1. Establish a common definition of a day of attendance.



2. Review and invest in data quality.



3. Ensure outreach to students and families before they are dropped from enrollment lists.



4. Include all absences when calculating chronic absence.



Public Reporting



5. Monitor and publish chronic absence data as early as possible.



6. Collect and report on types of absences and encourage more common data on reasons for absence.



7. Expand development of real-time data dashboards.



Taking Action



8. Build capacity to adopt effective approaches.



9. Identify and publicize bright spots.



10. Take a sustained data-informed approach (including establishing targets over time).

**What are your reactions to the
recommendations?**

How might you use this brief?

Announcements

Professional Leadership Attendance Network

Would you like to build your leadership skills and better engage your district team to improve student attendance rates?

Designed for district administrators, Attendance Works' Professional Leadership Attendance Network (PLAN) offers an opportunity to learn from experts and organize a clear plan of action in a collaborative learning environment. The practical tools and personalized coaching will empower you in your role as a district leader in building better systems to improve attendance. **With PLAN you will:**

- Participate in six two-hour sessions with a cohort of district leaders, over the course of one year, facilitated by experts in the field
- Identify and work on a critical problem of practice for your district during six additional coaching sessions with Attendance Works
- Receive feedback from Attendance Works on your draft district plan
- Meet for three additional sessions to solve your problem of practice (optional)

Confirmed Speakers

Hedy Chang, Executive Director and Founder, Cecelia Leong, Vice President of Programs, Attendance Works

Dr. David Osher, Vice President and Institute Fellow, American Institutes for Research

Kwesi Rollins, Director of the District Leaders Network on Family and Community Engagement and Leaders for Today and Tomorrow, Institute for Educational Leadership

Dr. Marcy Shankman, Vice President for Strategy, Director of Leadership Cleveland, Cleveland Leadership Center

Facilitator, Lorri Hobson, Director of Product Development, Attendance Works. Lorri is a proven leader with a track record of improving attendance as the Director of Attendance, Cleveland Metropolitan School District.



"As I reflect on my success as a former district attendance leader, I feel privileged to have participated in continuous dialogues with an array of national experts. These experiences enabled me to achieve phenomenal outcomes in reducing chronic absenteeism. Attendance Works and I created PLAN to empower you to establish a successful school community that brings students back to the classroom."

— Lorri Hobson, former Director of Attendance, Cleveland Metropolitan School District.

PLAN launches in August, 2024. To learn more
Email Lorri Hobson (Lorri@attendanceworks.org)
and Zach Freeman (Zach@attendanceworks.org)



Upcoming Opportunities

- **Learning Series 4: Serving Historically Marginalized Populations**
 - June 11, June 18, June 25 (all 1:00-2:00 pm ET)
- **Learning Series 5: Student and Family Engagement**
 - July 18, July 25, August 1 (all 3:00-4:00 pm ET)

Request for Applications

Read more:

<https://ies.ed.gov/funding/grantsearch/program.asp?ID=112>

Request for Applications:

https://ies.ed.gov/funding/pdf/2025_84305S.pdf



NATIONAL CENTER FOR EDUCATION RESEARCH

Assistance Listing Number (ALN): 84.305S

Using Longitudinal Data to Support State Education Policymaking

Request for Applications

Letter of Intent	June 6, 2024	https://iesreview.ed.gov/LOI/LOISubmit
Application Package Available	May 6, 2024	https://www.grants.gov
Application Deadline	11:59:59 Eastern Time on August 15, 2024	https://www.grants.gov
Possible Start Dates	March 1, 2025 – September 1, 2025	

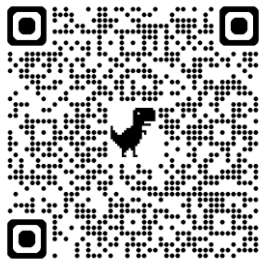


Webinar



Moving Forward with Equity for All Students:
The Legacy and Promise of the Brown Decision and the Civil
Rights Act
June 13, 2024
2:00-3:30pm PST

Resource



**From Absences to Action:
Strategies to Reduce Chronic Absence and Increase Educational
Equity**

Connect with us.

Scan the QR Code below to
subscribe to the WEEAC newsletter.



[@WEEAC_WestEd](https://twitter.com/WEEAC_WestEd)



WEEAC@WestEd.org



Evaluation

✓ Complete the Meeting Evaluation

https://app.upmetrics.com/data_collector/cklwj8q7lw9w707306xnps5vv



Questions?

